1/5

10

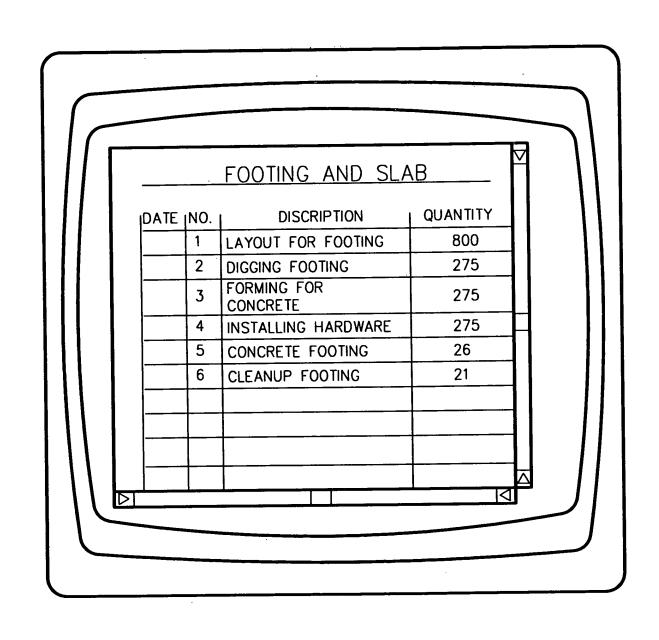
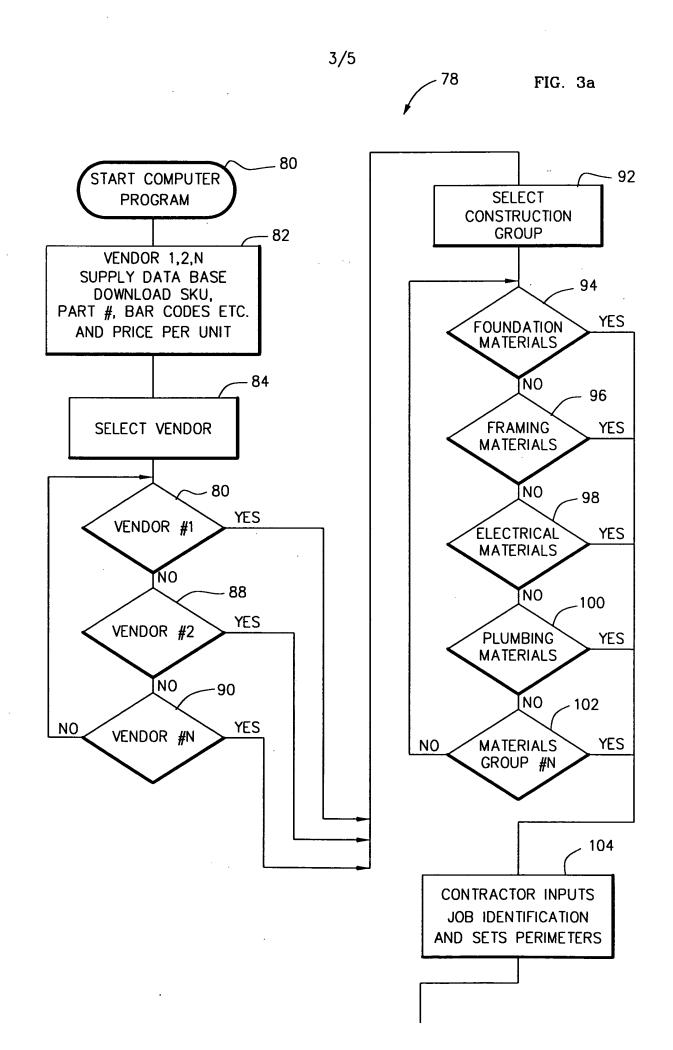
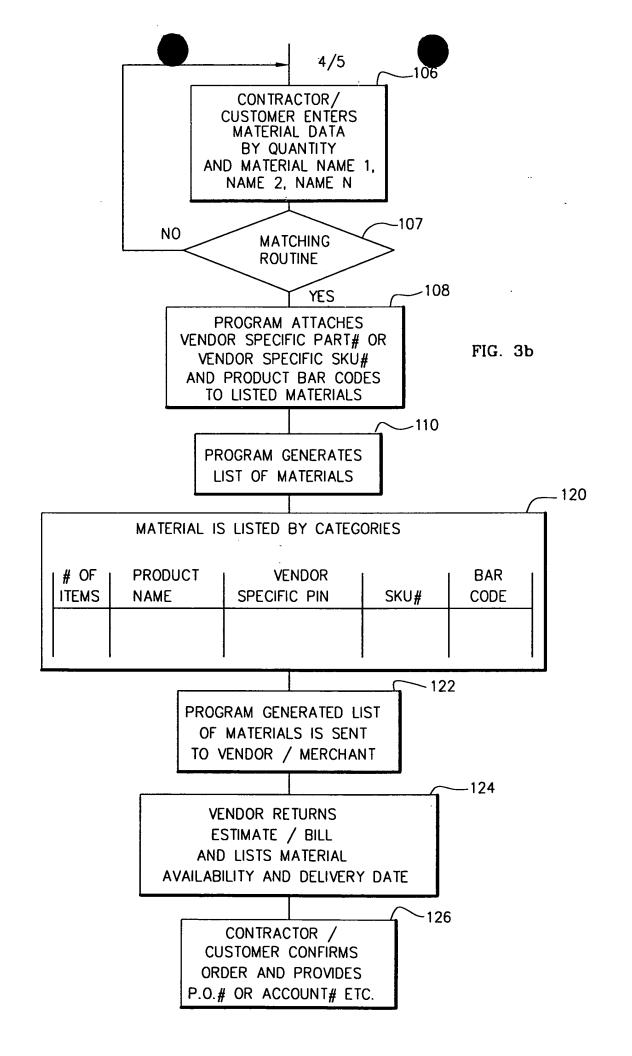


FIG. 2





## FIG. 4

P.O. NO
ORDER LIST
LAST NAME FIRST NAME E-MAIL ADDRESS: STREET CITY STATE — ZIP  BILLING ADDRESS: STREET CITY STATE — ZIP  TELEPHONE NO. () CREDIT CARD: VISA_ MC_ AM EXP_ DISCOV EXPIRATION DATE:/ CREDIT CARD # CONTRACTOR/ CUSTOMER ACCOUNT NUMBER: MATERIALS/SUPPLIES OREDERED  VENDOR QTY. DESCRIPTION SKU BARCODE PART NO. NAME
DELIVERY DATE/ DELIVERY LOCATION  STREET CITY STATE ZIP
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